

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION SERIAL NO	Unknown
	Filed Herewith
	James P. Kuntz
ASSIGNEE	Spokane Industries, Inc.
	Unknown
EXAMINER	Unknown
ATTORNEY'S DOCKET NO	
TITLE	

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

From: L. Grant Foster

HOLLAND & HART LLP

555 - 17th Street, Suite 3200

P.O. Box 8749

Denver, Colorado 80201 Telephone: (801) 595-7830 Facsimile: (801) 364-9124

Enclosed are the items listed below submitted regarding the matter identified above:

- 1. Transmittal Letter with Certificate of Express Mailing included
- 2. PTO Return Postcard Receipt
- 3. Patent Application (19 Pages, including Specification, 47 Claims, Abstract, and 4 Sheets of Drawings (Figs. 1-5))
- 4. Declaration of Sole Inventor for Patent Application (unsigned)
- 5. Statement Concerning Small Entity
- 6. Fee Calculation Sheet
- 7. Check for \$753.00 (\$385.00 Basic Filing Fee, \$368.00 Extra Claims Fee)

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

Date: 21 0070802 2003

Grant Foster

CERTIFICATE OF MAILING

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as either first class mail or Express Mail, if the blank for Express Mail No. is completed below, in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.

Express Mail No. EV 357960405 US

Date: 2 Octuber 2003 Signature: Kuthy (USA

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	FEE TYPES BASIC FEE (\$770/385)								
Claims Remaining After Any Amendments Allowed in Base Fee Number of Claims For Which Fees Have Been Paid Total Claims Total Claims Excess Claims For Which Fees Are Now Due Total Claims Total Claims Applicant hereby petitions for an extension of time for response under 37 CFR 1.136(a) as indicated or as necessary to maintain the pendency of this application. Rate (\$) Claims Rate (\$) Claims For Which Fees Are Now Due Total Claims Total Claims One month Two months Two months Three months Pour months Four months Four months Four months Four months Four months Four months Five months Table Claims Rate (\$) Claims For Which Fees Are Now Entity Entity Entity One month Five month Five months Four months Four months Four months Five m									
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Deposit Account Authorization - The Commissioner is hereby authorized to charge any necessary payments or credit any applicable fees to Deposit Account No. 08-2623.

A check for the \$753.00 filing fee is enclosed.

Date: U OCTOBER 2003

. Grant Foster

Registration No. 33,236